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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	24301.11
First Named Inventor	Fonseca
COMPLETE IF KNOWN	
Application Number	/ To be assigned
Filing Date	Herewith - Jan. 22, 2002
Group Art Unit	To be assigned
Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IMPLANTABLE WIRELESS SENSOR FOR PRESSURE MEASUREMENT WITHIN
THE HEART**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → **DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input style="width: 150px; border: 1px solid black; margin-left: 10px;" type="text"/> → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below					
Name	Registration Number	Name	Registration Number		
Michael I. Wolfson William H. Dippert R. Lewis Gable	24,750 26,723 22,479	Mark Montague	36,612		
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.					
Direct all correspondence to: <input type="checkbox"/> Customer Number <input style="width: 150px; border: 1px solid black; margin-left: 10px;" type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below					
Name	William H. Dippert				
Address	Cowan, Liebowitz & Latman, P.C.				
Address	1133 Avenue of the Americas				
City	New York	State	NY	ZIP	10036-6799
Country	USA	Telephone	(212) 790-9200		Fax (212) 575-0671
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)			Family Name or Surname		
Michael			FONSECA		
Inventor's Signature					Date
Residence: City	Atlanta	State	GA	Country	USA
Post Office Address	2605 Paces Ridge, Apt. E				
Post Office Address					
City	Atlanta	State	GA	ZIP	30339
				Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Mark		ALLEN						
Inventor's Signature							Date	
Residence: City	Atlanta	State	GA	Country	USA	Citizenship	US	
Post Office Address	425 Spalding Drive							
Post Office Address								
City	Atlanta	State	GA	ZIP	30328	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
David		STERN						
Inventor's Signature							Date	
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Post Office Address	1420 Natchez Way							
Post Office Address								
City	Grayson	State	GA	ZIP	30017	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Jason		WHITE						
Inventor's Signature							Date	
Residence: City	Atlanta	State	GA	Country	USA	Citizenship	US	
Post Office Address	2613 Paces Ridge, Apt. I							
Post Office Address								
City	Atlanta	State	GA	ZIP	30339	Country	US	

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PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Jason		KROH			
Inventor's Signature		Date			
Residence: City	Villa Rica	State	GA	Country	USA
Citizenship US					
Mailing Address 3395 Laurel Springs Cove					
Mailing Address					
City	Villa Rica	State	GA	ZIP	30180
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City		State		Country	Citizenship
Mailing Address					
Mailing Address					
City		State		ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City		State		Country	Citizenship
Mailing Address					
Mailing Address					
City		State		ZIP	Country

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